

May 31, 2023

Board of County Commissioners  
PO Box 37  
Ephrata, WA 98837

Re: Beneficiary Agreement with Health Care Authority – Agreement G247

Dear Commissioners,

Please see the attached Beneficiary Agreement for review and approval.

**Contractor:** Health Care Authority

**Term of Contract:** Agreement End Date – 6/30/2023

**Payment Amount:** \$20,970.83

**Purpose:** These funds are being distributed by Washington State Health Care Authority for Behavioral Health workforce stabilization efforts for recruitment and retention

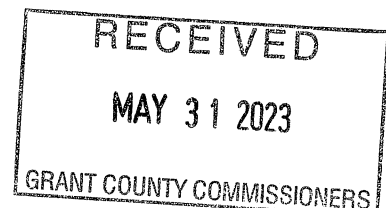
I am requesting permission to Docu-Sign electronically with Health Care Authority.


Thank you for your consideration. If you have any questions, please contact me.

Sincerely,



Dell Anderson, M.Ed, LMHC  
Executive Director



	<b>BENEFICIARY AGREEMENT AMENDMENT</b> Behavioral Health Workforce Stabilization Funding	Agreement Number: G247 Amendment Number: 01 Beneficiary National PI Number: 1689677833
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This Amendment to the parties Agreement is made by and between the Washington State Health Care Authority ("HCA") and the Beneficiary identified below. HCA and Beneficiary may be individually referred to as a "party" or collectively referred to as "parties."

**To be valid**, this Amendment must be signed by Beneficiary's authorized representative and returned electronically to HCA before midnight **June 9, 2023**. Beneficiary may rely on DocuSign's verification or Beneficiary's sent email timestamp as verification of receipt by HCA.

<b>BENEFICIARY NAME</b>	<b>DOING BUSINESS AS (DBA)</b>
Grant County DbA Renew	Renew
<b>BENEFICIARY ADDRESS</b>	<b>CITY STATE ZIP + 4</b>
840 E Plum St	Moses Lake WA 98823
<b>BENEFICIARY CONTACT</b>	<b>BENEFICIARY CONTACT EMAIL</b>
Dell Anderson	daanderson@grantcountywa.gov
<b>HCA ADDRESS</b>	<b>CITY STATE ZIP + 4</b>
Cherry Street Plaza 626 8th Avenue SE PO Box 42730	Olympia WA 98504-0001
<b>HCA CONTACT</b>	<b>HCA CONTACT EMAIL</b>
Kimberly Wright Behavioral Health Policy and Planning Supervisor	<a href="mailto:HCADBHRinformation@hca.wa.gov">HCADBHRinformation@hca.wa.gov</a>

<b>AMENDMENT START DATE</b>	<b>AGREEMENT END DATE</b>	<b>BEHAVIORAL HEALTH WORKFORCE STABILIZATION FUNDING</b>
Date of Execution	06/30/2023	<b>PROVIDED THROUGH AMENDMENT 01 (ADDITIONAL PAYMENT)</b>
		<b>\$20,970.83</b>

### I. RECITALS

WHEREAS, the COVID-19 public health emergency created ongoing behavioral health treatment access issues resulting from workforce shortages and adverse impacts of the emergency; and

WHEREAS, the parties entered into Beneficiary Agreement G247 ("the Agreement") to provide Behavioral Health Workforce Stabilization (BHWS) funds to support Beneficiary's response to the economic and public health impacts of COVID-19; and

WHEREAS, Beneficiary received BHWS funds ("Payment") as described in the Agreement; and

WHEREAS, HCA notified Beneficiary of its eligibility to receive a portion of unclaimed BHWS funds as an "Additional Payment"; and


WHEREAS Beneficiary affirmed its interest in the Additional Payment and provided HCA with Beneficiary's NPI number to receive the Additional Payment.

THEREFORE, the Parties agree as follows:

## II. TERMS AND CONDITIONS

1. SCOPE OF AMENDMENT 01. This Amendment increases the BHWS funds paid by HCA to Beneficiary in the amount stated herein. The increase is an Additional Payment of BHWS funding, subject to the terms, conditions, and restrictions of the Agreement.
2. OTHER TERMS UNCHANGED. The Agreement, as modified by this Amendment, remains, and continues in full force and effect as the legal, valid, and binding obligations of the parties, and is in all respects agreed to, ratified, and confirmed, including the Beneficiary Certifications.

Each signatory below certifies they are authorized to bind their respective Party to this Agreement.

Beneficiary	Washington State Health Care Authority
	
Dell Anderson	Annette Schuffenhauer, Chief Legal Officer
Date signed	Date signed 5/24/2023